#6434 P. 001/003

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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# <u> </u>		Fax Number	:	(850)617-6381
-4-	From:			·
	;	Account Name	:	LAZARUS CORPORATE FILING SERVICE, INC.
	•	Account Number	:	120000000019
1	•	Phone	:	(305)552-5973
2		Fax Number	:	(305)675-5944

FLORIDA PROFIT/NON PROFIT CORPORATION HANDS OF BUTTERFLY HOME SERVICE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE TALLAHASSEF, FI OPIG.

Email Address:

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME: The name of the corporation is:	
Hands of butter Fly Home Service	(
ARTICLE II PRINCIPAL OFFICE:	}
The principal street address and mailing address is:	
395 W 11 ST	
395 W 118T Haleah FL- 33010	
ARTICLE III SHARES: The number of shares of stock is:	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
Yudith de la Torre alorin-P	
*	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is:	
Juan Manuel Rodriqueze =	
395 W N ST	
Higleah FL 33010	-
71,91 <u>Car</u> 1	7
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
Juan Manuel Kodriquez	
395 W 11 ST	
Higlegh FL 33010	

Required Signatures:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Registered agent 8/14/15

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.

Date

IL AN 7:43